

**Methicillin-Resistant *Staphylococcus aureus* and *Clostridium difficile* Infection Lab ID
Denominator Report**

Facility Name:	
Location Name:	
Month:	Year:
Total Patient Days:	
Total Admissions:	
Comments:	
<small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small>	

For use by Michigan Department of Community Health (MDCH), Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit's MRSA/CDI Prevention Initiative (Coordinator: Gail Denkins, SHARP Intern: Kate Manton); fax the completed form to (517) 335-8263, ATTN: Kate Manton.

- *Facility Name* – The name of your healthcare facility

- *Location Name* – The name for the location of your facility the patient was admitted to when the culture was taken. We are specifically looking for the name of the ward, floor, or unit. We do NOT need to know the patient's room number

- *Total Patient Days* – Number of days that patients occupied beds for above mentioned month/year

- *Total Admissions* – Number of patients admitted to location for above mentioned month/year

- *Comments* – Anything else you wish to say about the case that you think is valuable information. Please do not include any patient identifiers.